

Work Order ID 120329

Wednesday, June 04, 2014 3:02:09 PM

120329

Page 1

Item ID: D3305-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Cushion
Start Date: 6/04/14 Start Qty: 6.00 ***6*** Cust Item ID:
Required Date: 6/04/14 Req'd Qty: 6.00 ***6*** Customer:
Reference:

Approvals: Process Plan: MLJ Date: 14-06-06 Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3305	Rev B								

100 PURCHASING 0.00
100
Purchasing Memo 0.00
Purchasing Issue P/O: 24537 Manufacture as per Dwg D3305 Possible
Supplier: Aerotex Interiors Material release note is required
CL 14/06/10 (6)

110 Receive & Inspect for Damage & Mat'l Certs 0.00
110
Packaging Memo 0.00
Packaging Ensure Material Release Note is attached
P 14/7/13 (6)

120 QC6- Inspect dimensions to drawing 0.00
120
QC Memo 0.00
Quality Control
DAS
27
4-89
14/7/14
6

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 120329

Wednesday, June 04, 2014 3:02:09 PM

120329

Page 2

Item ID: D3305-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Cushion

Stop ***NS2***

Start Date: 6/04/14

Start Qty: 6.00

6

Cust Item ID:

Required Date: 6/04/14

Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Identify as per dwg & Stock Location: 8-341 0.00***130***

Packaging

Memo

0.00

Packaging

6x 14-7-7

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

MLJ 14-07-0814-7-7

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Design									
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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

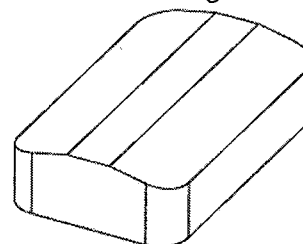
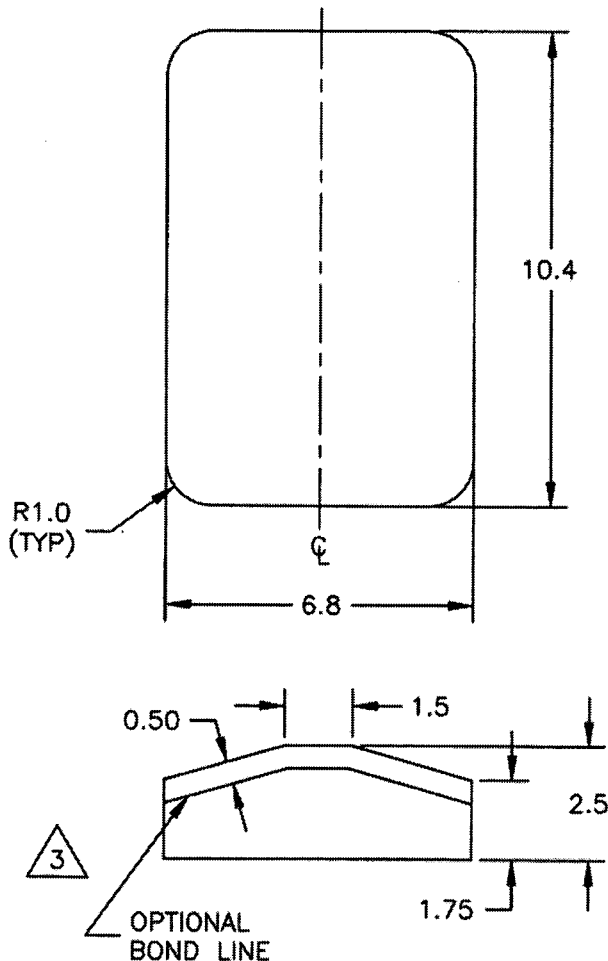
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART

DESIGN RT	DRAWN BY RT	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3305	REV. B SHEET 1 OF 1
DATE 04.10.14		TITLE CUSHION	SCALE NTS
A	04.08.18	NEW ISSUE	
B	04.10.14	ADD BONDING SPEC.	

RELEASED

04.10.15 #



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO 120329 MLC
14-06-06

D3305-1**D3305-1 NOTES:**

- 1) POSSIBLE SUPPLIER: AEROTEX INTERIORS INC.
- 2) MATERIAL: SKANDIA HR150 POLYFOAM (4.6 LBS/CU FT) TO MEET THE BURN TEST REQUIREMENTS OF FAR 29.853a2
- 3) CUSHION MAY BE ASSEMBLED BY BONDING A 0.5" PIECE OF FOAM TO A 2.0" PIECE OF FOAM AS SHOWN ABOVE USING 3M 1300 ADHESIVE (0.002" TO 0.010" THICK) I.A.W. MANUFACTURER'S INSTRUCTIONS
- 4) PART IS SYMMETRIC ABOUT CENTERLINE
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO24537**

Purchase Order Date 6/10/2014

PO Print Date 6/11/2014

Page Number 1 of 2

Order From :

VC-AER003

Ship To : DART AEROSPACE LTD

AEROTEX INTERIORS INC.
2340 PEGASUS WAY NE
UNIT 151
CALGARY, AB T2E 8M5
CA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

Contact Name

Vendor Phone 403 295 8770

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Ship To Contact

Terms

Net 30

Ship To Phone

Currency

CAD

Ship Via:

FedEx PI collect

FOB

FCA - (Free Carrier)

Ship Acct:

FOI

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D3305-1P AS PER DWG D3305 REV. B B120329	Cushion	6/27/2014 Yes 6/27/2014		6.00 Each	\$54.00	\$324.00
Line Total:							\$324.00
2	D3306-041P AS PER DWG D3306 REV. B B120548	Cover Assembly	6/27/2014 Yes 6/27/2014		6.00 Each	\$84.40	\$506.40
Line Total:							\$506.40

Note:

6/11/2014



AEROTEX

151-2340 Pegasus Way NE
Calgary, AB T2E 8M5
PH: 403.295.8770 FX: 403.313.0793
EM: info@aerotex.ca WS: www.aerotex.ca

Packing Slip

Date Packing Slip#

27/06/2014 **14-396**

Ship: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
CANADA

Customer Phone
613.632.5200

Customer Fax
613.632.1053

Ship Via
Fedex P1

Courier Acct No.

Bill: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, Ontario K6A 1K7
CANADA

Email: dbates@dartaero.com

Ship Date

P.O. No.

27/06/2014

PO24537

Description

PN

ALT PN

Back Order

Shipped

Qty

HEAD REST CUSHION AS PER DWG. D3305

D3305-1P

6

HEAD REST COVER WITH 3 VELCRO CLOSURE AS PER DWG
D3306
HST - on sales ON

D3306-041P

6

Look forward to doing business with you!

GST/HST No. 139110308

"your one stop shop for all your aircraft interior needs"

www.aerotex.ca

1. Organization issuing certificate. Aerotex Interiors Inc., #151-2340 Pegasus Way NE Calgary, AB T2E 8M5		2. <h1 style="text-align: center;">CERTIFICATE OF CONFORMANCE</h1>					3. Work Order / Contract / Invoice 14-396
4. Customer Name/Address DART Aerospace LTD 1270 Aberdeen Hawkesbury, ON K6A 1K7 CANADA						5. Purchase Order PO24537	
6. Unit	7. Materials Used for Items	8. Specifications	9. Batch	10. Item	11. Part Number	12. Quantity	13. Status
1	UC65	HR150 Polyfoam (4.6 LBS/CU FT)	6307	HEAD REST CUSHION	D3305-1P	6	NEW
14. Remarks <p>I certify that the materials supplied for the Purchase/Repair Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG. NO. D3305</p>							
15. Signature  		16. Title <h2 style="text-align: center;">QC Manager</h2>					
17. Name Jack Poovong		Jun 27, 2014					